PDE-5 Inhibitor Prior Authorization Request Form

To be completed and signed by the prescriber. To be used only for prescriptions which are to be filled through the Department of Defense (DoD) TRICARE Mail Order Pharmacy (TMOP).
Express Scripts is the TMOP contractor for DoD.

Your patient receives their prescription drug benefit from the Department of Defense (DoD). The DoD prescription drug benefit plan requires that we review certain requests for coverage with the prescribing physician. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage can be provided. Before giving the prescription to the patient, please make a copy of this form, complete the following questions and give the completed form, along with the prescription, to the patient. Please instruct the patient to send this completed form, along with the prescription, to Express Scripts for processing.

If Express-Scripts already has your patient's prescription and has requested that you complete this form, the completed form may be faxed to: (877) 895-1900 (toll-free) or (602) 586-3911 (commercial). A copy of this form and explanations of the underlying clinical rationale and criteria for approval are available at http://www.pec.ha.osd.mil/PA_Criteria_and_forms.htm.

Drug for which Prior Authorization is requested: **Sildenafil (Viagra®) or Vardenafil (Levitra®)**

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____ Physician Name: _____
Address: _____ Address: _____
_____ _____
Member #: _____ Phone #: _____
Secure Fax #: _____

Step 2 Please complete the clinical assessment

1. Have you verified that the patient is not taking any form of nitrate, either regularly or intermittently, and informed the patient of the consequences should they initiate nitrate therapy while taking sildenafil or vardenafil?	☐ Yes Please proceed to next question	☐ No Benefit not approved
2. Have you verified that the patient is not taking an alpha blocker and/or advised the patient of necessary adjustments to their medication schedule when taking an alpha blocker and sildenafil or vardenafil? Per labeling, vardenafil is contraindicated with alpha blockers; sildenafil at doses above 25 mg should not be taken within 4 hours of an alpha blocker.	☐ Yes Please proceed to next question	☐ No Benefit not approved
3. Is the medication being prescribed for the treatment of sexual dysfunction?	☐ Yes Please proceed to next question	☐ No Please complete 3a-c. for review & sign at the bottom of the form
3a. Diagnosis / **3b. Dosing Regimen**	**3c. Planned Duration of Therapy**	
4. Is the patient male?	☐ Yes Please proceed to next question	☐ No Benefit not approved
5. Is sildenafil or vardenafil being prescribed for the treatment of impotence of organic origin? Organic impotence is considered a consequence of chronic medical conditions that result in impaired arterial blood flow or nerve damage, mixed organic/psychogenic causes, and necessary use of causative medications that cannot be reduced or discontinued. TRICARE regulations specifically exclude coverage of therapies for erectile dysfunction that is not of organic origin.	☐ Yes BENEFIT APPROVED FOR 1 YEAR Coverage limited to a collective quantity (sildenafil & vardenafil combined) of 6 tablets per 30 days or 18 tablets per 90 days	☐ No Benefit not approved

Step 3 Please sign and date:

_____ _____
Prescriber Signature Date

Latest revision: Dec 2003